



PERFECT PLAIN BREWING CO.
APPLICATION FOR EMPLOYMENT

All information requested must be legible and completed in full to be considered regardless of whether or not a resume is attached.

PERSONAL

PLEASE PRINT

DATE: ___/___/___ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MIDDLE/MAIDEN

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG HAVE YOU LIVED THERE: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG DID YOU LIVE THERE: _____

HOME PHONE: _____ CELL PHONE: _____

PERSONAL EMAIL ADDRESS: _____

DRIVER'S LICENSE: _____ STATE: _____

ARE YOU AT LEAST 18 YEARS OLD? YES NO

ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO A CRIME, BEEN CONVICTED OF A CRIME, HAD ADJUDICATION WITHHELD, PROSECUTION DEFERRED OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES NO If yes, please provide date, city, and state where incident occurred, and details of each:

Three horizontal lines for providing details of criminal charges.

HAVE YOU EVER WORKED FOR PERFECT PLAIN BREWING CO. BEFORE? YES NO

IF YES, PLEASE GIVE DATES AND POSITION: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR PERFECT PLAIN BREWING CO.? YES NO

IF YES, NAME: _____ RELATIONSHIP: _____



JOB INTEREST

POSITION DESIRED: _____ SALARY DESIRED: \$ _____

TYPE OF WORK PREFERRED: FULL-TIME PART-TIME DATE AVAILABLE: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

EDUCATION

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

TRAINING, SPECIAL SKILLS AND QUALIFICATIONS

List your special skills, vocational training, apprenticeships extracurricular activities, honors received, and licenses or other qualifications:



WORK EXPERIENCE

Please provide work history and explain any employment breaks of three months or more in the space between jobs.

PRESENT OR MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____

Work Performed: _____

Why did you leave or why are you leaving this employer? _____

May we contact this employer? YES NO

SECOND MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____

Work Performed: _____

Why did you leave or why are you leaving this employer? _____

May we contact this employer? YES NO



THIRD MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$ _____ Ending Salary: \$ _____

Work Performed: _____

Why did you leave or why are you leaving this employer? _____

May we contact this employer? YES NO

(IF YOU NEED MORE SPACE, PLEASE CONTINUE YOUR JOB HISTORY ON A SEPARATE SHEET OF PAPER.)

Have you ever been terminated? YES NO

If Yes, please explain circumstances: _____

Please fully explain any gaps in your employment history: _____

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

Signature _____ Date _____

Printed name _____



This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, disability, or national origin.

EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and Perfect Plain Brewing Co. has the same right. No one other than the President of Perfect Plain Brewing Co. has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that Perfect Plain Brewing Co. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that Perfect Plain Breing Co. may contact my previous employers and I authorize those employers to disclose to Perfect Plain Brewing Co. all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to Perfect Plain Brewing Co.. I also authorize Perfect Plain Brewing Co. to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Perfect Plain Brewing Co. responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will".

I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received notification that Perfect Plain Brewing Co. may obtain a consumer report or reports on me. I authorize Perfect Plain Brewing Co. to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

Signature _____ Date _____

Printed name _____



EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that the Perfect Plain Brewing Co., and/or their agent may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the above mentioned companies to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing the report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by the above mentioned companies and/or their agent to furnish the information described in Section I.
- V. I hereby authorize, without reservation, the above mentioned companies and/or their agent to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

Signature

Today's Date

Print Full Name

Print any/all other names ever used

The following information is required by law enforcement agencies and for other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth-Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for.

Social Security # This will only be used in order to confirm your identity for purposes of completing an accurate background investigation. Supplying this number is optional but is needed to complete the hiring process.

Home Address

City

ST

Zip

Driver's License Number & State

Name Appearing on License

Have you ever been convicted of, plead guilty or "no contest" to a crime that has or has not been expunged or removed from your record? **YES NO If yes, please explain:** (Include city, state/county and year of each crime)



Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.



- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5678688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.



States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

CONTACT:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. Federal Credit Unions

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

3. Air carriers

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

4. Creditors Subject to Surface Transportation Board

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act, 1921

Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357



PERFECT PLAIN BREWING COMPANY'S DRUG FREE WORKPLACE POLICY

Perfect Plain Brewing Co. will not tolerate alcohol abuse or the use of other intoxicants and mind-altering substances, including illegal drugs. By virtue of employment with Perfect Plain Brewing Co., employees may be required to submit to drug screens, blood alcohol tests, breathalyzer tests and medical examinations under the following circumstances: a) when an employee is hired; b) when an employee is suspected of working or reporting to work with intoxicants or mind-altering substances in his or her system; c) when an employee suffers an on-the-job injury or is involved in an accident while at work; d) when an employee returns to work after a leave of absence of two weeks or more. The presence of 0.04% alcohol while on Perfect Plain Brewing Co. business or the presence of any other intoxicants or mind-altering substances in the body is a violation of this policy. Refusal of an employee to undergo testing or to cooperate fully with any of these tests is also a violation of our policy.

- Perfect Plain Brewing Co. employees are prohibited from possessing, using, selling or purchasing mind-altering substances on Perfect Plain Brewing Co. property or while on Perfect Plain Brewing Co. business. Off-premises possession, use, sale or purchase of mind-altering substances and off-premise alcohol abuse may reflect unfavorably on Perfect Plain Brewing Company's reputation and is also prohibited. Further, Perfect Plain Brewing Co. does not provide reimbursement for the purchase of alcoholic beverages.
- This policy does not prohibit the proper use of medication under the direction of a physician. However, the misuse or abuse of such drugs is prohibited. If an employee is taking prescription or non-prescription drugs that affects their ability to perform their job in a safe and efficient manner must notify their Leader so alternate arrangements can be made.
- In order to protect the safety and property of all employees, Perfect Plain Brewing Co. reserves the right to inspect employees' desks, cabinets, as well as motor vehicles and any other personal belongings brought onto Perfect Plain Brewing Company's property. Failure to cooperate with such inspections is a violation of this policy.
- Violation of any aspect of Perfect Plain Brewing Co. Drug and Alcohol policy will result in discipline, up to and including immediate termination.



DRUG TESTING CONSENT, RELEASE AND ACKNOWLEDGEMENT OF UNDERSTANDING

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by the company as a condition of employment and for the purpose of determining specific drug content. I agree that a D.H.H.S. and (state where required) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the company, the results of the test(s) to which I have consented. I further authorize the company to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party. I release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate company officials or government agencies. I agree that a reproduced copy of this form shall have the same effect as the original.

I understand the company's Drug Abuse and Drug Testing Policy and consent to the terms set forth in the policy. I further acknowledge that the policy has been posted in an appropriate place on the company's premises and copies are available for inspection during regular business hours. I acknowledge that I have read this policy and fully understand that the company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrests or convictions for drug or alcohol-related offenses, and can suspend, or terminate, or deny employment for such conduct.

I have carefully read the foregoing and fully understand its contents. I agree that my signing of this Consent, Release and Acknowledgement of Understanding form is voluntary and that I have not been coerced into signing this document.

Signature _____ Date _____

Printed name _____



WORKERS' COMPENSATION POLICY ACKNOWLEDGEMENT FORM

This form acknowledges the receipt and understanding of the Drug Free Workplace Policy. Our Company is a drug-free workplace for the benefit of all employees, customers and the business entity. State law provides for the possible denial of workers' compensation benefits for employees' who are injured while working and subsequently test positive. The use of illegal drugs will not be tolerated or subsidized.

The following drugs are among those that may be tested under our Drug Free Workplace Policy:

Amphetamines Barbiturates
Cannabinoids Benzodiazepines
Cocaine Methadone
Opiates Propoxyphene
Phencyclidine

There are multiple sub-families of individual drugs under the D.H.H.S. requirements. These are known by many names. As adults we all know it is ill-advised for anyone to take pills or medication that have not been prescribed by a physician. Improper use of prescription medication can place you in a position of forfeiting your job, workers' compensation benefits and unemployment benefits as well.

Do not misuse prescribed, non-prescribed or over-the-counter medication; do not use illegal drugs or misuse alcohol. The Company has a written policy on drug abuse. It is posted and available to you to read, understand and follow. It is your responsibility to know the provisions of this policy.

SUMMARY STATEMENT:

The State workers' compensation laws and administrative rules are published and are available in public libraries. Employees can write to the State Department of Financial Services, Division of Workers' Compensation for detailed information.

Signature _____ Date _____

Printed name _____



AUTHORIZATION FOR LIMITED USE OR DISCLOSURE OF MEDICAL INFORMATION

EXPLANATION:

This authorization for use or disclosure of medical information is requested of you to ensure the accuracy, confidentiality, and prompt availability of said information.

AUTHORIZATION:

I hereby authorize the Medical Review Officer, any counselor or treatment facility I may be referred to and the testing laboratories to furnish the company, with results of all tests run. I further authorize any doctor who has written a prescription which I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the Medical Review Officer to assist in the MRO's determination of my fitness for duty.

USES:

The Company may use the medical information authorized only for the following purpose: To determine my ability to do my job or my qualifications for employment or continued employment and to defend in any legal proceedings in which my employment or actions are at issue.

DURATION:

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the company and any post-employment legal matters or proceedings, unless rescinded by me in writing.

RESTRICTIONS:

I understand that the Drug Free Workplace Administrator may not further use or disclose the medical information unless further authorization is given by me or in case of post-accident testing or disclosure is required or permitted by law or licensing authority.

ADDITIONAL COPY:

- (1) I further understand that I have a right to receive a copy of this authorization on my request.
- (2) I further agree that a reproduced copy of this form shall have the same force and effect as the original.

DRUG SCREEN SPECIMEN VERIFICATION:

I hereby authorize the hospital, clinic, or laboratory, its physicians and technicians, specified by the Company, to obtain a sample of my urine, blood, or breath to be analyzed for the presence of controlled substances.

Signature _____ Date _____

Printed name _____



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: _____ JOB TITLE _____

GENDER:

(Please check one of the options below)

- Male
- Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Date completed: _____

**Thank you for completing this application and your interest in employment with
PERFECT PLAIN BREWING CO.**